

FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form AM300e. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

1060, DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
Item#11, FilmG402 7/1 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10612

|   |   |  |  |   |   |                                  |
|---|---|--|--|---|---|----------------------------------|
| 1. DECEASED NAME<br>(Type or Print)   | First<br>Edgar  | Middle<br>Thomas   | Last<br>Corbin   | 2a. DATE KNOWN<br>OF ESTI-<br>DEATH MATED<br><input checked="" type="checkbox"/> 7-2<br>1968          | Month<br>Day<br>Year  | 2b. HOUR<br>1968<br>1:55<br>P.M. |
| 3. SEX<br>male  | 4. RACE<br>col  | 5. DATE OF BIRTH<br>5-4-03   | 6. AGE (In years<br>last birthday)<br>65 yrs.  | IF UNDER 1 YEAR<br>MONTHS<br>0  | IF UNDER 24 HRS<br>DAYS<br>0  | HOURS<br>MIN.                    |
| 7a. BIRTHPLACE (State or foreign<br>country)<br>Maryland  | 7b. CITIZEN OF WHAT COUNTRY?<br>USA   | 8. MARRIED<br><input type="checkbox"/> NEVER MARRIED<br><input type="checkbox"/> WIDOWED<br><input checked="" type="checkbox"/> DIVORCED | 9. COUNTY OF DEATH<br>Somerset   | 2c. DATE PRONOUNCED DEAD<br>Month<br>Day<br>Year<br>2<br>1968<br>2<br>1968                            | 2d. HOUR<br>2d. HOUR<br>2:30<br>P.M.  |                                  |
| 10. CITY OR TOWN OF DEATH<br>Near Pocomoke City   | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital<br>give street address)<br>Hayward Road<br>Wilson Dryden's Farm |  |  | 12a. USUAL OCCUPATION (Kind of work done<br>during most of working life, even if retired.)<br>Laborer | 12b. KIND OF BUSINESS OR<br>INDUSTRY<br>Farm  |                                  |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before<br>admission) STATE<br>Md  | 13b. COUNTY<br>Somerset   | 13c. CITY OR TOWN<br>Princess  | 13d. INSIDE CITY LIMITS?<br><input type="checkbox"/> YES<br><input checked="" type="checkbox"/> NO | 13e. STREET AND NUMBER  |   |                                  |
| 14. FATHER'S NAME<br>Levi Corbin  | First<br>Middle<br>Levi   | Last<br>Corbin   | 14b. MOTHER'S MAIDEN NAME<br>Carrie Doane  | First<br>Middle<br>Carrie   | Last<br>Doane   |                                  |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)<br>no   | 16b. SOCIAL SECURITY NO.<br>(If yes give war or dates of service)   | 17. INFORMANT  | ADDRESS<br>Dorothy Hall, Princess Anne, Md.  |   |   |                                  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY.<br>IMMEDIATE CAUSE (a) <u>Myocardial infarction</u>   |   |  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH<br>minutes   |   |   |                                  |
| DUE TO, OR AS A CONSEQUENCE OF<br>(b) <u>Coronary arteriosclerosis</u>  |   |  | years  |   |   |                                  |
| DUE TO, OR AS A CONSEQUENCE OF<br>(c)   |   |  |  |   |   |                                  |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)<br>4201  |   |  |  |   |   |                                  |
| 19a. DATE OF OPERATION  |   | 19b. CONDITION FOR WHICH OPERATION<br>WAS PERFORMED?   |  |   | 20. AUTOPSY?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                                  |
| 21a. EXTERNAL CAUSE WAS<br>PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/><br>CAUSE OF DEATH  |   | 21b. TIME OF INJURY Month, Day, Year<br>HOUR A.M.<br>P.M. 19   | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)                    |   |   |                                  |
| 21d. INJURY OCCURRED<br>WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/><br>AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>  |   | 21e. PLACE OF INJURY (At home, farm, street,<br>factory, office building, etc.)  | 21f. LOCATION Street or R.F.D. No.   | City or Town  | County State  |                                  |
| 22a. I certify that I took charge of the remains described above, held on Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion<br>death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/> |   |  |  |   |   |                                  |
| ACTUAL<br>SIGNATURE <u>Everett Sutter</u> M.D.  |   |  |  |   |   |                                  |
| EXAMINER'S<br>NAME (Type) Everett Sutter MD   |   |  |  |   |   |                                  |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)<br>Burial  |   | 23b. DATE<br>7-6-68  | 23c. NAME OF CEMETERY OR CREMATORIAL<br>St Mark  | 23d. LOCATION (City or Town)<br>Oakville, Md.   | (County) (State)  |                                  |
| 24. FUNERAL DIRECTOR  |   | ADDRESS<br>William H. James Jr, Princess Anne, Md.   | 25a. REC'D BY REGISTRAR<br>JUL - 8 1968  | 25b. REGISTRAR'S SIGNATURE<br><u>Charles Judge</u>  |   |                                  |



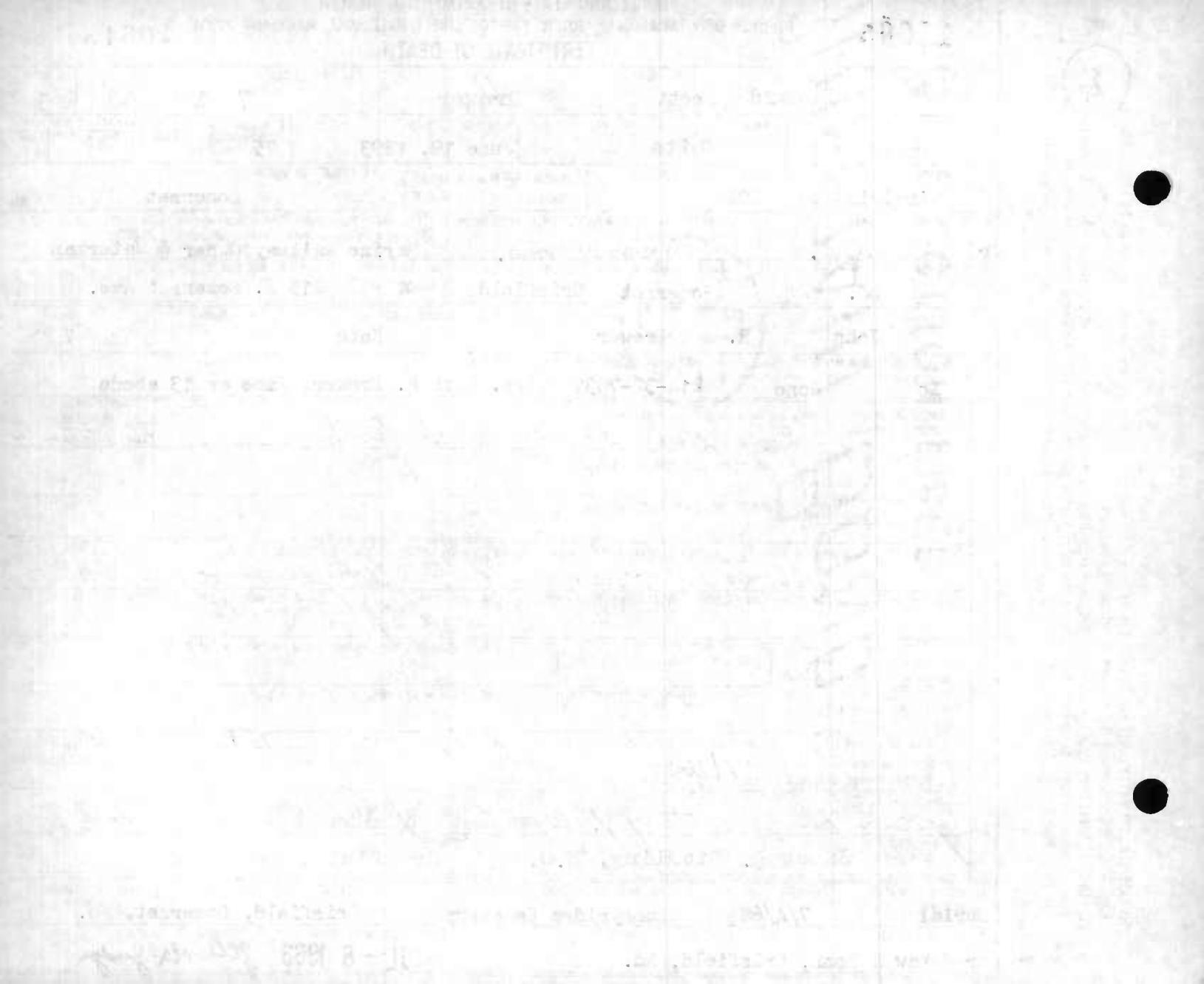
MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
CERTIFICATE OF DEATH

10605

10613

**I** 1  
10. HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.  
Page 4 may be retained by the hospital or attending physician.  
11. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2, and file with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 24 hours after death.

|  |  |  |                  |   |                                  |   |                |   |                         |                            |                         |
|--|--|--|------------------|---|----------------------------------|---|----------------|---|-------------------------|----------------------------|-------------------------|
| 1. DECEASED-NAME<br>(Type or print)  |  | First<br>Howard  | Middle<br>Scott  | Lost<br>Drewer  | 20. DATE OF DEATH<br>Month<br>7  | 1 Day   | 2b. HOUR<br>68 | 3 M   |                         |                            |                         |
| 3. SEX<br>Male   |  | 4. RACE<br>White   |                  | 5. DATE OF BIRTH<br>June 19, 1893   |                                  | 6. AGE (In years<br>last birthday)<br>75  |                | IF UND. 1 YEAR<br>MONTHS  | IF UND. 24 HRS.<br>DAYS | IF UND. 24 HRS.<br>HOURS   | IF UND. 24 HRS.<br>MIN. |
| 7a. BIRTHPLACE (State or foreign<br>country)<br>Virginia   |  | 7b. CITIZEN OF WHAT COUNTRY?<br>USA  |                  | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |                                  | 9. COUNTY OF DEATH<br>Somerset  |                | Md.   |                         |                            |                         |
| 10. CITY OR TOWN OF DEATH<br>Crisfield, Md.  |  | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital<br>give street address)<br>McGregory Memo.             |                  | 12a. USUAL OCCUPATION (Kind of work done<br>during most of working life, even if retired.)<br>Marine Railway Owner & Waterman                               |                                  | 12b. KIND OF BUSINESS OR<br>INDUSTRY  |                |   |                         |                            |                         |
| 13a. USUAL RESIDENCE (Where deceased<br>lived, if institution: Residence before<br>admission) STATE<br>Md.   |  | 13b. COUNTY<br>Somerset  |                  | 13c. CITY OR TOWN<br>Crisfield  |                                  | 13d. INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                | 13e. STREET AND NUMBER<br>215 S. Somerset Ave.  |                         |                            |                         |
| 14. FATHER'S NAME<br>John  |  | First<br>R.  | Middle<br>Drewer | Lost  | 15. MOTHER'S MAIDEN NAME<br>Kate | First<br>Middle<br>Lost<br>?  |                |   |                         |                            |                         |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>Yes, no, or unknown<br>No  |  | 16b. SOCIAL SECURITY NO.<br>None   |                  | 17. INFORMANT<br>Mrs. Ruth H. Drewer, Same as 13 abcde  |                                  | Address   |                |   |                         |                            |                         |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a)   |  | 4109   |                  | DUE TO, OR AS A CONSEQUENCE OF:<br>(b)<br>DUE TO, OR AS A CONSEQUENCE OF<br>(c)   |                                  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH<br>abruptonset                                  |                |   |                         |                            |                         |
| Conditions, if any, which gave<br>rise to immediate cause (a),<br>stating the underlying cause<br>last.  |  |  |                  |   |                                  |   |                |   |                         |                            |                         |
|  |  |  |                  |   |                                  |   |                | PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)<br>4201 Advanced Pulmonary Emphysema |                         |                            |                         |
| 19a. DATE OF OPERATION<br>21a. ACCIDENT WAS UNDERLYING<br>OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH<br>(If either, notify medical examiner)  |  | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED<br>21b. TIME OF INJURY<br>HOUR A.M. Month Day Year<br>P.M. 19 |                  | 20a. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                                  | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING<br>CAUSES OF DEATH?                         |                |   |                         |                            |                         |
| 21d. INJURY OCCURRED<br>While <input type="checkbox"/> Not while <input type="checkbox"/><br>at work <input type="checkbox"/> at work <input type="checkbox"/>   |  | 21e. PLACE OF INJURY<br>(AT HOME, FARM, STREET, FACTORY,<br>OFFICE BUILDING, ETC.)                             |                  | 21f. LOCATION<br>Street or R.F.D. No.   |                                  | City or Town  |                | County  |                         | State                      |                         |
| 22a. I certify that (I) (this hospital) attended the deceased from 6-20, 1968, to 7-1, 1968, that (I) (we) last<br>saw the deceased alive on 7-1, 1968, and that in (my) (our) opinion death occurred on the date and hour and from the<br>causes stated above, (I) (we) (do) (did) (did not) view the body after death. |  |  |                  |   |                                  |   |                |   |                         |                            |                         |
| 22b. SIGNATURE<br>James A. Sterling, M.D.  |  | 22c. DEGREE<br>M.D.  |                  | ATTENDING<br>PHYS. <input checked="" type="checkbox"/>  |                                  | MED.<br>DIRECTOR <input type="checkbox"/>   |                | STAFF<br>PHYS. <input type="checkbox"/>   |                         | 22d. DATE SIGNED<br>7-4-68 |                         |
| 22e. PHYSICIAN'S<br>NAME (Type)<br>James A. Sterling, M.D.   |  | 22e. ADDRESS<br>Crisfield, Maryland  |                  |   |                                  |   |                |   |                         |                            |                         |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)<br>Burial   |  | 23b. DATE<br>7/4/68  |                  | 23c. NAME OF CEMETERY OR CREMATORIAL<br>Sunnyridge Cemetery   |                                  | 23d. LOCATION (City or Town)<br>Crisfield, Somerset, Md.  |                | (County)  |                         | (State)                    |                         |
| 24. FUNERAL DIRECTOR<br>Bradshaw & Sons, Crisfield, Md.  |  | ADDRESS  |                  | 25a. REC'D BY REGISTRAR<br>JUL - 8 1968   |                                  | 25b. REGISTRAR'S SIGNATURE<br>Charles Judge   |                |   |                         |                            |                         |
| VR A15<br>30M REV. 16  |  |  |                  |   |                                  |   |                |   |                         |                            |                         |



FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

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10606 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10614

|  |   |   |  |  |                 |  |   |                          |   |              |  |
|--|---|---|--|--|-----------------|--|---|--------------------------|---|--------------|--|
| 1. DECEASED NAME<br>(Type or Print)  | First<br>Albert   | Middle<br>Handy   | Lost   | 2a. DATE KNOWN<br>OF ESTI-<br>DEATH MATED  | Month<br>7      | Day<br>31  | Year<br>1968                                    | 2b. HOUR<br>1 P.M.       |   |              |  |
| 3. SEX   | 4. RACE   | 5. DATE OF BIRTH  | 6. AGE (In years<br>last birthday)   | IF UNDER 1 YEAR  | IF UNDER 24 HRS |  |   | 2c. DATE PRONOUNCED DEAD | 2d. HOUR  |              |  |
| Male   | Colored   | 2-12-11   | 57 yrs.  | MONTHS   | DAYS            | HOURS  | MIN.  | Month<br>7               | Day<br>31   | Year<br>1968 | 1:30   |
| 7a. BIRTHPLACE (State or foreign<br>country)   | 7b. CITIZEN OF WHAT COUNTRY?  | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | 9. COUNTY OF DEATH   |  |                 |  |   |                          |   |              |  |
| Mt. Vernon, Md   | USA   | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                    | Somerset,  |  |                 |  |   |                          |   |              |  |
| 10. CITY OR TOWN OF DEATH  | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital<br>give street address) |   |  | 12a. USUAL OCCUPATION (Kind of work done<br>during most of working life, even if retired.) |                 |  | 12b. KIND OF BUSINESS OR<br>INDUSTRY            |                          |   |              |  |
| Princess Anne, RFD   | Princess Anne   |   |  | Labor  |                 |  | Farm  |                          |   |              |  |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before<br>admission). STATE  | 13b. COUNTY   | 13c. CITY OR TOWN   | 13d. INSIDE CITY LIMITS?   | 13e. STREET AND NUMBER   |                 |  |   |                          |   |              |  |
| Maryland   | Somerset  | Princess Anne   | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | RFD  |                 |  |   |                          |   |              |  |
| 14. FATHER'S NAME  | First<br>Hanson   | Middle<br>Handy   | Last   | 15. MOTHER'S MAIDEN NAME   | First<br>Mary   | Middle<br>F.   | Last<br>Handy                                   |                          |   |              |  |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)  | 16b. SOCIAL SECURITY NO.  |   | 17. INFORMANT  | ADDRESS  |                 |  |   |                          |   |              |  |
| (If yes give war or dates of service)  |   |   | Lenoria Handy Princess Anne, Md. RFD   |  |                 |  |   |                          |   |              |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  |   |   |  |  |                 |  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |                          |   |              |  |
| PART 1. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>492X</u> <u>Trachoebronchitis</u>   |   |   |  |  |                 |  | 3 days  |                          |   |              |  |
| Conditions, if any, which gave<br>rise to immediate cause (a),<br>stating the underlying cause<br>last. (b) <u>Cor Pulmonale</u>   |   |   |  |  |                 |  | years   |                          |   |              |  |
| (c) <u>Emphysema severe</u>  |   |   |  |  |                 |  | years   |                          |   |              |  |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)   |   |   |  |  |                 |  |   |                          |   |              |  |
| 527.1  |   |   | 19a. DATE OF OPERATION   |  |                 | 19b. CONDITION FOR WHICH OPERATION<br>WAS PERFORMED?         |   |                          | 20. AUTOPSY?  |              |  |
|  |   |   |  |  |                 |  |   |                          | YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>             |              |  |
| 19c. MEDICAL CERTIFICATION   |   |   | 21a. EXTERNAL CAUSE WAS<br>PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/><br>CAUSE OF DEATH |  |                 | 21b. TIME OF INJURY Month, Day, Year<br>HOUR A.M.<br>P.M. 19 |   |                          | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) |              |  |
|  |   |   |  |  |                 |  |   |                          |   |              |  |
| 21d. INJURY OCCURRED<br>WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/><br>AT WORK <input type="checkbox"/>  |   |   | 21e. PLACE OF INJURY (At home, farm, street,<br>factory, office building, etc.)  |  |                 | 21f. LOCATION Street or R.F.D. No.                           |   |                          | City or Town  | County       | State  |
|  |   |   |  |  |                 |  |   |                          |   |              |  |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input checked="" type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion<br>death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> |   |   |  |  |                 |  |   |                          |   |              |  |
| 22b. DATE SIGNED<br>8-7-68   |   |   |  |  |                 |  |   |                          |   |              |  |
| ACTUAL<br>SIGNATURE<br><i>Everett C. Sutter</i>  |   |   | M.D.   |  |                 | CHIEF MEDICAL EXAMINER <input type="checkbox"/>              |   |                          |   |              |  |
| EXAMINER'S<br>NAME (Type)  |   |   |  |  |                 | ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>          |   |                          |   |              |  |
|  |   |   |  |  |                 | DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>  |   |                          |   |              |  |
|  |   |   |  |  |                 | ADDRESS (Street, city, town, or county)                      |   |                          |   |              |  |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)   |   |   | 23b. DATE<br>8-3-68  |  |                 | 23c. NAME OF CEMETERY OR CREMATORIAL<br>Mt. Zion             |   |                          | 23d. LOCATION (City or Town)<br>Polk Road                                       |              | (County) Somerset Md.<br>(State)                   |
| Burial   |   |   |  |  |                 | ADDRESS  |   |                          | 25a. REC'D BY REGISTRAR<br>William H. James Jr. Princess Anne, Md.              |              | 25b. REGISTRAR'S SIGNATURE<br><i>Charles Judge</i> |
|  |   |   |  |  |                 |  |   |                          | DATE AUG 9 1968   |              |  |

to the audience

of the day

the day

MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death.  
**Page 4 may be retained by the hospital or attending physician.**  
**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

|   |  |   |                  |   |  |   |  |       |
|---|--|---|------------------|---|--|---|--|-------|
| 1. DECEASED NAME<br>(Type or print)   |  | First<br>Sarah  | Middle<br>Jewett | 2a. DATE OF DEATH<br>Month<br>July<br>Year<br>68  |  | 2b. HOUR<br>4:45  |  |       |
| 3. SEX<br>Female  |  | 4. RACE<br>Negro  |                  | 5. DATE OF BIRTH<br>DEC. 19, 1909   |  | 6. AGE (In years<br>last birthday)<br>58 yrs.   |  |       |
| 7a. BIRTHPLACE (State or foreign<br>country)<br>Somerset  |  | 7b. CITIZEN OF WHAT COUNTRY?<br>U.S.  |                  | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>   |  | 9. COUNTY OF DEATH<br>Somerset  |  |       |
| 10. CITY OR TOWN OF DEATH<br>Crisfield  |  | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital<br>give street address)<br>McCready Memorial  |                  | 12a. USUAL OCCUPATION (Kind of work done<br>during most of working life, even if retired.)  |  | 12b. KIND OF BUSINESS OR<br>INDUSTRY  |  |       |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before<br>admission) STATE<br>Maryland  |  | 13b. COUNTY<br>Somerset   |                  | 13c. CITY OR TOWN<br>Crisfield  |  | 13d. INSIDE CITY LIMITS?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 13e. STREET AND NUMBER<br>32 Somers Cove Apts. |       |
| 14. FATHER'S NAME<br>First<br>John H.<br>Middle<br>Bell<br>Last   |  | 15. MOTHER'S MAIDEN NAME<br>First<br>Sarah Young<br>Middle<br>Address<br>James Jewett-Crisfield Md.   |                  | 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>Yes, no, or unknown<br>(If yes give war or dates of service)  |  |   |  |       |
| 16b. SOCIAL SECURITY NO.  |  | 17. INFORMANT   |                  | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Armenia</u><br>DUE TO, OR AS A CONSEQUENCE OF<br>(b) <u>renal Failure</u><br>DUE TO, OR AS A CONSEQUENCE OF<br>(c) <u>Hypertensive cardiovascular Disease</u> / 5 years |  |   |  |       |
| 19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)<br>Congestive Heart Failure  |  |   |                  | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH<br>1 month  |  |   |  |       |
| 19a. DATE OF OPERATION<br>443X  |  | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED  |                  | 20a. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |  | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING<br>CAUSES OF DEATH?                         |  |       |
| 21a. ACCIDENT WAS UNDERLYING<br><input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH<br>(If either, notify medical examiner)  |  | 21b. TIME OF INJURY<br>HOUR A.M. Month Day Year<br>P.M. 19  |                  | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)   |  |   |  |       |
| 21d. INJURY OCCURRED<br>While <input type="checkbox"/> Not while <input type="checkbox"/><br>at work <input type="checkbox"/> at work <input type="checkbox"/>  |  | 21e. PLACE OF INJURY<br>(AT HOME, FARM, STREET, FACTORY,<br>OFFICE BUILDING, ETC.)                    |                  | 21f. LOCATION<br>Street or R.F.D. No.   |  | City or Town  | County   | State |
| 22a. I certify that (I) (this hospital) attended the deceased from <u>3/20</u> , 19 <u>68</u> , to <u>7/9</u> , 19 <u>68</u> , that (I) (we) last<br>saw the deceased alive on <u>7/9/68</u> 19 <u>68</u> , and that in (my) (our) opinion death occurred on the date and hour and from the<br>causes stated above, (I) (we) (did) (did not) view the body after death. |  |   |                  |   |  |   |  |       |
| 22b. SIGNATURE<br><u>James A. Sterling</u>  |  | 22c. DEGREE<br>MED. DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS. <input type="checkbox"/> |                  | 22c. DATE SIGNED<br><u>7-9-68</u>   |  |   |  |       |
| 22d. PHYSICIAN'S<br>NAME (Type)<br>James A. Sterling, M.D.  |  | 22e. ADDRESS<br>Crisfield, Maryland   |                  |   |  |   |  |       |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)<br>Burial  |  | 23b. DATE<br>7/13/68  |                  | 23c. NAME OF CEMETERY OR CREMATORIUM<br>Mt. Pleasant  |  | 23d. LOCATION (City or Town)<br>Marion  |  |       |
| 24. FUNERAL DIRECTOR<br>Anthony E. Dean Crisfield Md.   |  | ADDRESS   |                  | 25a. REC'D BY REGISTRAR<br>DATE JUL 17 1968   |  | 25b. REGISTRAR'S SIGNATURE<br>Charles Judge   |  |       |



MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

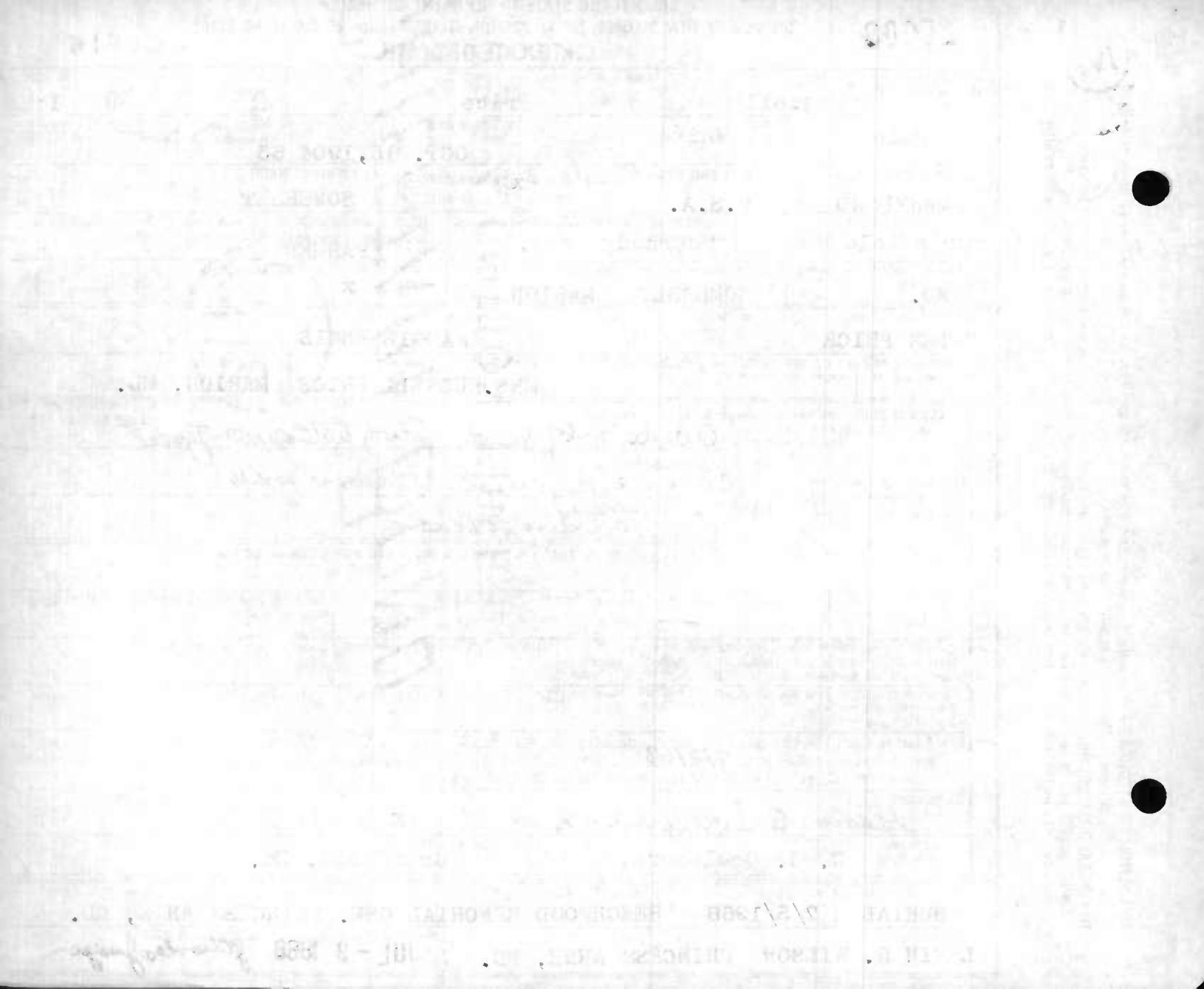
CERTIFICATE OF DEATH

10608

10616

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.  
 Page 4 may be retained by the hospital or attending physician.  
 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon paper from Pages 1 and 2, and in any event, within 72 hours after death, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

|   |  |   |        |   |  |   |   |                           |          |                          |   |  |
|---|--|---|--------|---|--|---|---|---------------------------|----------|--------------------------|---|--|
| 1. DECEASED-NAME<br>(Type or print)   |  |   | First  | Middle  | Last   | 20. DATE OF DEATH<br>Month  | Day   | Year                      | 2b. HOUR |                          |   |  |
| Russell   |  |   | Price  |   |  | July  | 3   | 68                        | 1:48     |                          |   |  |
| 3. SEX<br>Male  |  | 4. RACE<br>White  |        | 5. DATE OF BIRTH<br>OCT. 15, 1904   |  | 6. AGE (in years<br>last birthday)<br>63  |   | IF UNDER 1 YEAR<br>MONTHS |          | IF UNDER 24 HRS.<br>DAYS |   |  |
| 7a. BIRTHPLACE (State or foreign<br>country)<br>MARYLAND  |  | 7b. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |        | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 9. COUNTY OF DEATH<br>SOMERSET  |   | Md.                       |          |                          |   |  |
| 10. CITY OR TOWN OF DEATH<br>Crisfield  |  | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital<br>give street address)<br>McCready Memo.     |        | 12a. USUAL OCCUPATION (Kind of work done<br>during most of working life, even if retired.)<br>FARMER  |  | 12b. KIND OF BUSINESS OR<br>INDUSTRY  |   |                           |          |                          |   |  |
| 13a. USUAL RESIDENCE (Where deceased<br>admission) STATE<br>MD.   |  | 13b. COUNTY<br>SOMERSET   |        | 13c. CITY OR TOWN<br>MARION   |  | 13d. INSIDE CITY LIMITS?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   | 13e. STREET AND NUMBER    |          |                          |   |  |
| 14. FATHER'S NAME<br>WATER PRICE  |  | First   | Middle | Lost  | 15. MOTHER'S MAIDEN NAME<br>MAGGIE ENNIS   | First   | Middle  | Last                      |          |                          |   |  |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>Yes, no, or unknown)  |  | 16b. SOCIAL SECURITY NO.  |        | 17. INFORMANT<br>MRS. RUSSELL PRICE   |  | Address<br>MARION, MD.  |   |                           |          |                          |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>Acute Self Inflicted Death Due to Self Inflicted Injury</i><br>4129<br>DUE TO, OR AS A CONSEQUENCE OF<br><i>Chronic Myocarditis Chronic and severe</i><br>Conditions, if any, which gave<br>rise to immediate cause (a),<br>stating the underlying cause<br>last.<br>(b) <i>General arteriosclerosis</i><br>DUE TO, OR AS A CONSEQUENCE OF<br>(c) <i>General arteriosclerosis</i> |  |   |        |   |  |   |   |                           |          |                          | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH |  |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)<br>4201  |  |   |        |   |  |   |   |                           |          |                          |   |  |
| 19a. DATE OF OPERATION<br>no  |  | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED<br>—   |        |   | 20a. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |   | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING<br>CAUSES OF DEATH? |                           |          |                          |   |  |
| 21a. ACCIDENT WAS UNDERLYING<br>OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH<br>(If either, notify medical examiner)   |  | 21b. TIME OF INJURY<br>HOUR A.M. Month Day Year<br>P.M. 19  |        | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)   |  |   |   |                           |          |                          |   |  |
| 21d. INJURY OCCURRED<br>While <input type="checkbox"/> Not while <input checked="" type="checkbox"/><br>at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>  |  | 21e. PLACE OF INJURY<br>(AT HOME, FARM, STREET, FACTORY,<br>OFFICE BUILDING, ETC.)                    |        | 21f. LOCATION<br>Street or R.F.D. No.   |  | City or Town  |   | County                    |          | State                    |   |  |
| 22a. I certify that (I) (this hospital) attended the deceased from 6 22, 1965, to 7 3, 1968, that (I) (we) last<br>saw the deceased alive on 7/21/68 19, and that in (my) (our) opinion death occurred on the date and hour and from the<br>causes stated above, (I) (we) (did) (did not) view the body after death. <i>no</i>  |  |   |        |   |  |   |   |                           |          |                          |   |  |
| 22b. SIGNATURE<br><i>George C. Coulbourn Jr.</i>  |  | 22c. DEGREE<br>MED. DIRECTOR <input checked="" type="checkbox"/> STAFF PHYS. <input type="checkbox"/> |        |   |  |   |   |                           |          |                          |   |  |
| 22d. PHYSICIAN'S<br>NAME (Type)<br>G. C. Coulbourn,   |  | 22e. ADDRESS<br>Crisfield, Md.  |        |   |  |   |   |                           |          |                          |   |  |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Type)<br>BURIAL   |  | 23b. DATE<br>7/5/1968   |        | 23c. NAME OF CEMETERY OR CREMATORIAL<br>BEECHWOOD MEMORIAL CEM. PRINCESS ANNE, MD.  |  | 23d. LOCATION (City or Town)<br>(County) (State)<br>PRINCESS ANNE, MD.                          |   |                           |          |                          |   |  |
| 24. FUNERAL DIRECTOR<br>LEVIN R. WILSON   |  | ADDRESS<br>PRINCESS ANNE, MD.   |        | 25a. REC'D BY REGISTRAR<br>DATE JUL - 9 1968  |  | 25b. REGISTRAR'S SIGNATURE<br><i>Charles Judge</i>  |   |                           |          |                          |   |  |



MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

10617

|   |  |  |   |  |  |   |   |  |                                   |  |
|---|--|--|---|--|--|---|---|--|-----------------------------------|--|
| 1   |  | 10609  |   | CERTIFICATE OF DEATH   |  |   |   | 1  |                                   |  |
| 1. DECEASED NAME<br>(Type or print)   |  | First<br><b>Chester</b>  | Middle  | Last<br><b>Sterling</b>  | 2a. DATE OF DEATH<br>Month<br><b>July</b> Day<br><b>18</b> Year<br><b>1967</b> |   | 2b. HOUR<br><b>6:05</b>   |  |                                   |  |
| 3. SEX<br><b>Male</b>   |  | 4. RACE<br><b>White</b>  |   | 5. DATE OF BIRTH<br><b>Aug 25-1907</b>   |  | 6. AGE (In years<br>last birthday)<br><b>60</b> YRS.  |   | IF UNDER 1 YEAR<br>MONTHS<br>DAYS                                  | IF UNDER 24 HRS.<br>HOURS<br>MIN. |  |
| 7a. BIRTHPLACE (State or foreign<br>country)<br><b>Md.</b>  |  | 7b. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |   | 8. MARRIED<br><input checked="" type="checkbox"/> NEVER MARRIED<br><input type="checkbox"/> WIDOWED<br><input type="checkbox"/> DIVORCED |  | 9. COUNTY OF DEATH<br><b>Somerset</b>   |   |  |                                   |  |
| 10. CITY OR TOWN OF DEATH<br><b>Crisfield</b>   |  | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital<br>give street address)<br><b>McCready Memo.</b> |   |  |  | 12a. USUAL OCCUPATION (Kind of work done<br>during most of working life, even if retired.)<br><b>MACHINE WORKER</b> |   |  |                                   |  |
| 13a. USUAL RESIDENCE (Where deceased<br>admission) STATE<br><b>MD</b>   |  | 13b. COUNTY<br><b>Som.</b>   |   | 13c. CITY OR TOWN<br><b>CRISFIELD</b>  |  | 13d. INSIDE CITY LIMITS?<br><b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>       | 13e. STREET AND NUMBER<br><b>—</b>                                      |  |                                   |  |
| 14. FATHER'S NAME First<br><b>LEROY</b>   |  | Middle<br><b>STERLING</b>  | Last<br><b>IDA</b>  | 15. MOTHER'S MAIDEN NAME First<br><b>TYLER</b>   |  |   |   |  |                                   |  |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>Yes, no, or unknown)<br><b>NO</b>   |  | 16b. SOCIAL SECURITY NO.<br><b>UNKNOWN</b>   |   | 17. INFORMANT<br><b>Brooks</b>   |  | Address<br><b>STERLING - SALISBURY MD</b>   |   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH<br><b>5-7 days</b> |                                   |  |
| <p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p>PART 1. DEATH WAS CAUSED BY:<br/>IMMEDIATE CAUSE (a) <b>Concurrence of Prostate</b><br/><b>185X</b><br/>DUE TO, OR AS A CONSEQUENCE OF<br/>(b) _____<br/>DUE TO, OR AS A CONSEQUENCE OF<br/>(c) _____</p> <p>PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)<br/><b>177X</b></p> |  |  |   |  |  |   |   |  |                                   |  |
| 19a. DATE OF OPERATION<br><b>177X</b>   |  | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED   |   |  |  | 20a. AUTOPSY?<br><b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>                  | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING<br>CAUSES OF DEATH? |  |                                   |  |
| 21a. ACCIDENT WAS UNDERLYING<br><input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH<br>(If either, notify medical examiner)  |  | 21b. TIME OF INJURY<br>Hour A.M. Month Day Year<br>P.M. <b>19</b>  |   | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  |  |   |   |  |                                   |  |
| 21d. INJURY OCCURRED<br>While <input type="checkbox"/> Not while <input type="checkbox"/><br>at work <input type="checkbox"/> at work <input type="checkbox"/>  |  | 21e. PLACE OF INJURY (At Home, Farm, Street, Factory,<br>Office Building, Etc.)                          |   | 21f. LOCATION Street or R.F.D. No.   | City or Town   |   | County  | State  |                                   |  |
| <p>22a. I certify that (I) (this hospital) attended the deceased from <b>7/15-1967</b> to <b>7/16-1968</b>, that (I) (we) last<br/>saw the deceased alive on <b>7/16/68</b> 19_____, and that in (my) (our) opinion death occurred on the date and hour and from the<br/>causes stated above, (I) (we) (did) (did not) view the body after death.</p>   |  |  |   |  |  |   |   |  |                                   |  |
| 22b. SIGNATURE<br><i>James A. Sterling MD</i>   |  | DEGREE<br><b>MD</b>  | ATTENDING<br>PHYS.<br><input checked="" type="checkbox"/> | MED.<br>DIRECTOR<br><input type="checkbox"/>   | STAFF<br>PHYS.<br><input type="checkbox"/>                                     | 22c. DATE SIGNED<br><b>1968</b>   |   |  |                                   |  |
| 22d. PHYSICIAN'S<br>NAME (Type)<br><b>James A. Sterling, Crisfield, Maryland</b>  |  |  |   |  |  |   |   |  |                                   |  |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)<br><b>BURIAL</b>   |  | 23b. DATE<br><b>7-19-68</b>  |   | 23c. NAME OF CEMETERY OR CEMMERY<br><b>SUNNY RIDGE</b>   |  | 23d. LOCATION (City or Town)<br><b>HOPEDALE</b>   |   | (County)<br><b>Som.</b>  | (State)<br><b>MD</b>              |  |
| 24. FUNERAL DIRECTOR<br><b>LeRoy Webster</b>  |  | ADDRESS<br><b>HINMAN FUNERAL HOME CRISFIELD MD</b>   |   | 25a. REC'D BY REGISTRAR<br>DATE<br><b>JUL 22 1968</b>  |  | 25b. REGISTRAR'S SIGNATURE<br><i>Charles Judge</i>  |   |  |                                   |  |

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of death.

Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, it should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



1  
FOR STATE  
HEALTH DEPT.

1  
Any delay is  
necessary, please execute the certificate, writing the word "pending" in Item 18. Give Pages 1, 2 and 3 to  
the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form  
5 may be retained for your files.

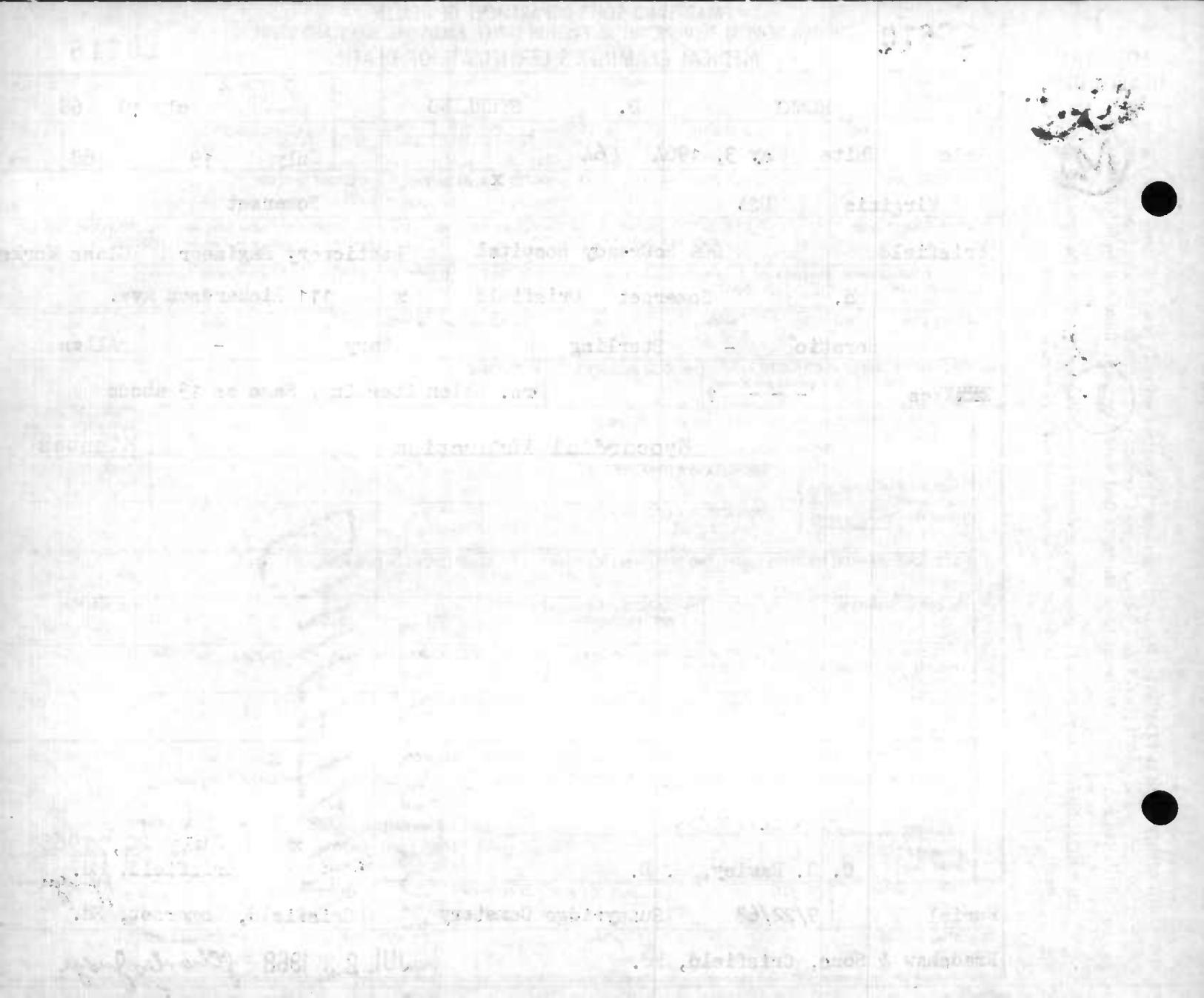
1  
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of  
Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

10610  
MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10618

|   |  |  |   |   |  |  |                      |
|---|--|--|---|---|--|--|----------------------|
| 1. DECEASED NAME<br>(Type or Print)   | First<br><b>HENRY</b>  | Middle<br><b>D.</b>  | Last<br><b>STERLING</b>   | 20. DATE KNOWN<br><input checked="" type="checkbox"/> OF ESTI-<br>MATED<br><b>July 19 1968</b>  | Month<br>Year<br><b>July 19 1968</b>               | 2b. HOUR<br><b>M</b>   |                      |
| 3. SEX<br><b>Male</b>   | 4. RACE<br><b>White</b>  | S. DATE OF BIRTH<br><b>May 3, 1904</b>   | 6. AGE (In years<br>last birthday)<br><b>64</b><br>YRS.   | IF UNDER 1 YEAR<br>MONTHS<br><b>0</b>   | IF UNDER 24 HRS<br>DAYS<br><b>0</b>                | 2c. DATE PRONOUNCED DEAD<br>Month<br><b>July</b>                         | 2d. HOUR<br><b>M</b> |
| 7a. BIRTHPLACE (State or foreign<br>country)<br><b>Virginia</b>   |  | 7b. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>   |   | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 9. COUNTY OF DEATH<br><b>Somerset</b>                                    |                      |
| 10. CITY OR TOWN OF DEATH<br><b>Crisfield</b>   |  | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital<br>give street address)<br><b>Dick McCready Hospital</b>   |   | 12a. USUAL OCCUPATION (Kind of work done<br>during most of working life, even if retired)<br><b>Stationary Engineer</b>                                     |  | 12b. KIND OF BUSINESS OR<br>INDUSTRY<br><b>Glass Works</b>               |                      |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before<br>admission) STATE<br><b>Md.</b>  | 13b. COUNTY<br><b>Somerset</b>   | 13c. CITY OR TOWN<br><b>Crisfield</b>  | 13d. INSIDE CITY LIMITS?<br><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | 13e. STREET AND NUMBER<br><b>111 Richardson Ave.</b>  |  |  |                      |
| 14. FATHER'S NAME<br><b>Horatio</b>   | First<br><b>-</b>  | Middle<br><b>Sterling</b>  | Last  | 15. MOTHER'S MAIDEN NAME<br><b>Mary</b>   | Middle<br><b>-</b>                                 | Lost   | <b>Allen</b>         |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)<br><b>Yes</b>   | 16b. SOCIAL SECURITY NO.<br>(If yes give war or dates of service)<br><b>-----?</b> | 17. INFORMANT<br><b>Mrs. Helen Sterling, Same as 13 abcde</b>  | ADDRESS<br><b>Minutes</b>   |   |  |  |                      |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)).<br>PART 1. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial infarction</b><br>DUE TO, OR AS A CONSEQUENCE OF<br><b>4100</b><br>Conditions, if any, which gave<br>rise to immediate cause (a),<br>stating the underlying cause<br>lost.   |  |  |   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH<br><b>Minutes</b>   |  |  |                      |
| (b)<br>DUE TO, OR AS A CONSEQUENCE OF<br><br>(c)  |  |  |   |   |  |  |                      |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)<br><b>4201</b>   |  |  |   |   |  |  |                      |
| 19a. MEDICAL CERTIFICATION<br>DATE OF OPERATION   |  | 19b. CONDITION FOR WHICH OPERATION<br>WAS PERFORMED  |   |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                      |
| 21a. EXTERNAL CAUSE WAS<br>PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/><br>CAUSE OF DEATH<br><b>WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>   |  | 21b. TIME OF INJURY Month, Day, Year<br>HOUR A.M.<br><b>P.M. 19</b>  |   | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)   |  |  |                      |
| 21d. INJURY OCCURRED<br><b>WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>   | 21e. PLACE OF INJURY (At home, farm, street,<br>factory, office building, etc.)    | 21f. LOCATION Street or R.F.D. No.<br>City or Town<br>County<br>State  |   |   |  |  |                      |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion<br>death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> |  |  |   |   |  |  |                      |
| ACTUAL<br>SIGNATURE<br><i>C. G. Rawley</i>  |  | CHIEF MEDICAL EXAMINER <input type="checkbox"/><br>M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/><br>DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/><br>ADDRESS (Street, city, town, or county)<br><b>Crisfield, Md.</b> |   |   |  | 22b. DATE SIGNED<br><b>July 20, 1968</b>                                 |                      |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>7/22/68</b>  | 23c. NAME OF CEMETERY OR CREMATORIAL<br><b>Sunnyridge Cemetery</b>   |   | 23d. LOCATION (City or Town)<br><b>Crisfield, Somerset, Md.</b>   |  | (County)<br>(State)  |                      |
| 24. FUNERAL DIRECTOR<br><b>Bradshaw &amp; Sons, Crisfield, Md.</b>  | ADDRESS  |  | 25a. REC'D BY REGISTRAR<br>DATE <b>JUL 23 1968</b>  |   | 25b. REGISTRAR'S SIGNATURE<br><i>Charles Judge</i> |  |                      |



1  
FOR STATE  
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death if necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1, 2, and 3 with the State Department of Health prior to burial, cremation, or removal, and in any event within 72 hours of death.

1  
MARYLAND STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10619

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 1. DECEASED-NAME<br>(Type or Print)   | First<br>Charles  | Middle<br>F   | Lost<br>Stewart   | 20. DATE KNOWN<br>OF DEATH MATED<br>Month Day Year  | 2b. HOUR<br>M   |
| 3. SEX<br>Male  | 4. RACE<br>Colored  | 5. DATE OF BIRTH<br>12-22-1925  | 6. AGE (In years<br>last birthday)<br>42 yrs.   | IF UNDER 1 YEAR<br>MONTHS DAYS HOURS MIN.   | 7-30-68 19  |
| 7a. BIRTHPLACE (State or foreign<br>country) Oakville, Md.  | 7b. CITIZEN OF WHAT COUNTRY?<br>USA   | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>   | 9. COUNTY OF DEATH<br>Somerset,   | 2c. DATE PRONOUNCED DEAD<br>Month Day Year  | 2d. HOUR<br>M   |
| 10. CITY OR TOWN OF DEATH<br>Princess Anne, Md.   | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital<br>give street address) |   |   | 12a. USUAL OCCUPATION (Kind of work done<br>during most of working life, even if retired.)<br>Office Work | 12b. KIND OF BUSINESS OR<br>INDUSTRY<br>Somerset<br>County                          |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before<br>admission) STATE<br>Maryland  | 13b. COUNTY<br>Somerset   | 13c. CITY OR TOWN<br>Princess Anne  | 13d. INSIDE CITY LIMITS?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 13e. STREET AND NUMBER<br>RFD   |   |
| 14. FATHER'S NAME<br>Alexander  | First<br>Stewart  | Middle  | Last  | 15. MOTHER'S MAIDEN NAME<br>Sylvia  | Middle<br>Jackson   |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown)   | 16b. SOCIAL SECURITY NO.<br>War 2 Navy  | 17. INFORMANT<br>Mrs. Ruth Warton, Princess Anne, Md.   | ADDRESS   |   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u><br>DUE TO, OR AS A CONSEQUENCE OF<br>4109<br>Conditions, if any, which gave<br>rise to immediate cause (a),<br>stating the <u>underlying cause</u><br>last.   |   |   | APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH<br>minutes                                      |   |   |
| (b) <u>Coronary Arteriosclerosis</u><br>DUE TO, OR AS A CONSEQUENCE OF  |   |   | years   |   |   |
| (c)   |   |   |   |   |   |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)<br>4201  |   |   |   |   |   |
| 19a. DATE OF OPERATION  |   | 19b. CONDITION FOR WHICH OPERATION<br>WAS PERFORMED?  |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. EXTERNAL CAUSE WAS<br>PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/><br>CAUSE OF DEATH  |   | 21b. TIME OF INJURY Month, Day, Year<br>HOUR A.M.<br>P.M. 19  | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1b.)                 |   |   |
| 21d. INJURY OCCURRED<br>WHILE <input type="checkbox"/> NOT WHILE <input type="checkbox"/><br>AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>  |   | 21e. PLACE OF INJURY (At home, farm, street,<br>factory, office building, etc.)   | 21f. LOCATION Street or R.F.D. No.  | City or Town  | County<br>State   |
| 22a. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> , and in my opinion<br>death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined manner <input type="checkbox"/> |   |   |   |   |   |
| ACTUAL<br>SIGNATURE<br>EXAMINER'S<br>NAME (Type)  |   | CHIEF MEDICAL EXAMINER <input type="checkbox"/><br>M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/><br>DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/><br>ADDRESS (Street, city, town, or county) |   |   |   |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)<br>Burial  |   | 23b. DATE<br>8-4-68   | 23c. NAME OF CEMETERY OR CREMATORIAL<br>St Mark   | 23d. LOCATION (City or Town)<br>Oakville, Maryland  | (County) Somerset<br>(State)  |
| 24. FUNERAL DIRECTOR<br>William H. James Jr. Princess Anne, Md.   |   | 25a. REC'D BY REGISTRAR<br>AUG 9 1968   |   | 25b. REGISTRAR'S SIGNATURE<br>Charles Judge   |   |



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

## CERTIFICATE OF DEATH

10620

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or attending physician.  
10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

|   |  |   |  |  |  |                     |   |                          |       |      |  |
|---|--|---|--|--|--|---------------------|---|--------------------------|-------|------|--|
| 1. DECEASED-NAME<br>(Type or print)   | First<br><b>HATTIE</b>   | Middle<br><b>MAE</b>  | Last<br><b>YOUNG</b>   | 2a. DATE OF DEATH<br>Month<br><b>July</b>  | Day<br><b>27</b>                                   | Year<br><b>1968</b> | 2b. HOUR<br><b>A</b>                              |                          |       |      |  |
| 3. SEX<br><b>Female</b>   | 4. RACE<br><b>White</b>  | 5. DATE OF BIRTH<br><b>September 5, 1883</b>  |  |  | 6. AGE (In years<br>last birthday)<br><b>84</b>    | YRS.                | IF UNDER 1 YEAR<br>MONTHS                         | IF UNDER 24 HRS.<br>DAYS | HOURS | MIN. |  |
| 7a. BIRTHPLACE (State or foreign<br>country)<br><b>Virginia</b>   | 7b. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  | 8. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> | WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                   | 9. COUNTY OF DEATH<br><b>Somerset</b>  |  |                     |   |                          |       |      |  |
| 10. CITY OR TOWN OF DEATH<br><b>Pocomoke City</b>   | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital<br>give street address)<br><b>R.F.D. 1</b> |   |  | 12a. USUAL OCCUPATION (Kind of work done<br>during most of working life, even if retired.)<br><b>Housewife</b> |  |                     | 12b. KIND OF BUSINESS OR<br>INDUSTRY<br><b>--</b> |                          |       |      |  |
| 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before<br>admission)<br>STATE<br><b>Maryland</b>  | 13b. COUNTY<br><b>Somerset</b>   | 13c. CITY OR TOWN<br><b>Pocomoke</b>  | 13d. INSIDE CITY LIMITS?<br><b>YES</b>   | 13e. STREET AND NUMBER<br><b>R.F.D. 1</b>  |  |                     |   |                          |       |      |  |
| 14. FATHER'S NAME<br>First<br><b>Gordy</b>  | Middle<br><b>--</b>  | Last<br><b>Littleton</b>  | 15. MOTHER'S MAIDEN NAME<br>First<br><b>Georgianna</b>                               | Middle<br><b>--</b>  | Last<br><b>Groton</b>                              |                     |   |                          |       |      |  |
| 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>or unknown   | 16b. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT<br><b>L. Chester Young, Pocomoke City, Md.</b>                          | Address<br><b>Minutes</b>  |  |  |                     |   |                          |       |      |  |
| APPROXIMATE INTERVAL<br>BETWEEN ONSET AND DEATH   |  |   |  |  |  |                     |   |                          |       |      |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   |  |   |  |  |  |                     |   |                          |       |      |  |
| PART I. DEATH WAS CAUSED BY:  |  |   |  |  |  |                     |   |                          |       |      |  |
| IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b> Minutes   |  |   |  |  |  |                     |   |                          |       |      |  |
| 4100 DUE TO, OR AS A CONSEQUENCE OF   |  |   |  |  |  |                     |   |                          |       |      |  |
| Conditions, if any, which gave rise to immediate cause (a).<br>stating the underlying cause (b) <b>Atherosclerotic Heart Disease</b> Years  |  |   |  |  |  |                     |   |                          |       |      |  |
| (c)   |  |   |  |  |  |                     |   |                          |       |      |  |
| PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  |  |   |  |  |  |                     |   |                          |       |      |  |
| 4201 <b>Hypertension Cardio-Vascular Disease</b>  |  |   |  |  |  |                     |   |                          |       |      |  |
| 19a. MEDICAL CERTIFICATION  | 19a. DATE OF OPERATION   | 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED                                      | 20a. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING<br>CAUSES OF DEATH?  |  |                     |   |                          |       |      |  |
| 21a. ACCIDENT WAS UNDERLYING<br><input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH<br>(If either, notify medical examiner)   | 21b. TIME OF INJURY<br>HOUR A.M. Month Day Year<br>P.M. 19   | 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)       |  |  |  |                     |   |                          |       |      |  |
| 21d. INJURY OCCURRED<br>While <input type="checkbox"/> Not while <input checked="" type="checkbox"/><br>at work <input type="checkbox"/> at work <input checked="" type="checkbox"/>  | 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,<br>OFFICE BUILDING, ETC.)                    | 21f. LOCATION Street or R.F.D. No.  | City or Town   | County   | State  |                     |   |                          |       |      |  |
| 22a. I certify that (I) (this hospital) attended the deceased from <b>Oct. 8, 1954</b> to <b>July 27, 1968</b> , that (I) (last<br>saw the deceased alive on <b>July 27, 1968</b> and that in (my) (our) opinion death occurred on the date and hour and from the<br>causes stated above, (I) (we did not) (did not) view the body after death. |  |   |  |  |  |                     |   |                          |       |      |  |
| 22b. SIGNATURE<br><b>Charles W. Trader, M.D.</b> DEGREE ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> DATE SIGNED<br><b>July 29, 1968</b>   |  |   |  |  |  |                     |   |                          |       |      |  |
| 22d. PHYSICIAN'S NAME (Type)  | 22e. ADDRESS<br><b>Charles W. Trader, M.D., Pocomoke City, Maryland.</b>                           |   |  |  |  |                     |   |                          |       |      |  |
| 23a. BURIAL, CREMATION,<br>REMOVAL (Specify)<br><b>Burial</b>   | 23b. DATE<br><b>7-29-1968</b>  | 23c. NAME OF CEMETERY OR Crematory<br><b>Bethany Methodist</b>                        | 23d. LOCATION (City or Town)<br><b>Pocomoke - Wor. - Md.</b>                         |  |  | (County)            | (State)   |                          |       |      |  |
| 24. FUNERAL DIRECTOR<br><b>Robert H. Watson</b>   | ADDRESS<br><b>Pocomoke City, Md.</b>   |   |  | 25a. REC'D BY REGISTRAR<br>DATE <b>JUL 30 1968</b>   | 25b. REGISTRAR'S SIGNATURE<br><b>Charles Judge</b> |                     |   |                          |       |      |  |
| VR A15 M<br>30M REV. 1/68   |  |   |  |  |  |                     |   |                          |       |      |  |

